

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

31267

FILED OCT 10 1951		BIRTH NO. <u>134</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6069</u>		Registrar's No. <u>324</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)						
a. COUNTY <u>St. Francois</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>						
b. CITY OR TOWN <u>Iron Mountain</u>					c. CITY OR TOWN <u>Rural, Arcadia</u> <u>0470</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trap Rock Material Co.</u>					d. STREET ADDRESS <u>1/2 mi. E. of Pilot Knob</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>NORMAN</u>			b. (Middle) <u>LESLIE</u>			c. (Last) <u>PARTON</u>		
4. DATE OF DEATH			(Month) <u>Sept.</u> (Day) <u>30</u> (Year) <u>1951</u>								
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)		8. DATE OF BIRTH <u>Jan. 18 1909</u>		9. AGE (In years last birthday) <u>42</u>		10. IF UNDER 1 YEAR <u>8</u> Months <u>12</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
<u>caterpillar operator, mine material</u>		<u>Iron ton Missouri</u>		<u>USA</u>							
13a. FATHER'S NAME <u>Christopher Parton</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Annie Taylor</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Parton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>				16. SOCIAL SECURITY NO. <u>W.W. 2 486-14-0388</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Parton, Iron ton Mo., Rt. 1</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION							
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner Jury verdict: due to</u>							
				ANTECEDENT CAUSES							
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				DUE TO (b) <u>an unavoidable accident</u>							
				DUE TO (c) <u>crushed chest</u>							
				II. OTHER SIGNIFICANT CONDITIONS							
				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
				<u>094</u>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Trap Rock Material Co.</u>				21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Iron Mountain, St. Francois Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Sept. 30 1951 9:30 A.M.</u>				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>Injured while operating caterpillar</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Bert J. Mullis</u>				23b. ADDRESS <u>Coroner Farmington, Mo.</u>				23c. DATE SIGNED <u>10/1/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>				24b. DATE <u>10-3-51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cem.</u>			
								24d. LOCATION (City, town, or county) (State) <u>Pilot Knob Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 4, 1951</u>				REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u> ADDRESS <u>White Funeral Home, Iron ton Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

OCT 13 1951

OCT 13 1952

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Archie J. White

Licensed Embalmer No. 3012

P. O. Address London, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.